



Filed: 3/12/2009

09600HB0528ham002

LRB096 06176 KTG 23421 a

1 AMENDMENT TO HOUSE BILL 528

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 528, AS AMENDED, by  
3 replacing the introductory clause of Section 5 with the  
4 following:

5 "Section 5. The State Employees Group Insurance Act of 1971  
6 is amended by changing Section 6.11 as follows:

7 (5 ILCS 375/6.11)

8 (Text of Section before amendment by P.A. 95-958)

9 Sec. 6.11. Required health benefits; Illinois Insurance  
10 Code requirements. The program of health benefits shall provide  
11 the post-mastectomy care benefits required to be covered by a  
12 policy of accident and health insurance under Section 356t of  
13 the Illinois Insurance Code. The program of health benefits  
14 shall provide the coverage required under Sections 356g.5,  
15 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9, 356z.10,  
16 356z.13 ~~356z.11~~, ~~and~~ 356z.14, and 356z.15 of the Illinois

1 Insurance Code. The program of health benefits must comply with  
2 Section 155.37 of the Illinois Insurance Code.

3 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
4 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.  
5 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

6 (Text of Section after amendment by P.A. 95-958)

7 Sec. 6.11. Required health benefits; Illinois Insurance  
8 Code requirements. The program of health benefits shall provide  
9 the post-mastectomy care benefits required to be covered by a  
10 policy of accident and health insurance under Section 356t of  
11 the Illinois Insurance Code. The program of health benefits  
12 shall provide the coverage required under Sections 356g.5,  
13 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9, 356z.10,  
14 356z.11, ~~and 356z.12, 356z.13~~ 356z.11, and 356z.14, and 356z.15  
15 of the Illinois Insurance Code. The program of health benefits  
16 must comply with Section 155.37 of the Illinois Insurance Code.  
17 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
18 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.  
19 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised  
20 12-15-08.)

21 Section 10. The Counties Code is amended by changing  
22 Section 5-1069.3 as follows:

23 (55 ILCS 5/5-1069.3)

1 (Text of Section before amendment by P.A. 95-958)

2 Sec. 5-1069.3. Required health benefits. If a county,  
3 including a home rule county, is a self-insurer for purposes of  
4 providing health insurance coverage for its employees, the  
5 coverage shall include coverage for the post-mastectomy care  
6 benefits required to be covered by a policy of accident and  
7 health insurance under Section 356t and the coverage required  
8 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.9,  
9 356z.10, 356z.13 ~~356z.11~~, and 356z.14, and 356z.15 of the  
10 Illinois Insurance Code. The requirement that health benefits  
11 be covered as provided in this Section is an exclusive power  
12 and function of the State and is a denial and limitation under  
13 Article VII, Section 6, subsection (h) of the Illinois  
14 Constitution. A home rule county to which this Section applies  
15 must comply with every provision of this Section.

16 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
17 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.  
18 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

19 (Text of Section after amendment by P.A. 95-958)

20 Sec. 5-1069.3. Required health benefits. If a county,  
21 including a home rule county, is a self-insurer for purposes of  
22 providing health insurance coverage for its employees, the  
23 coverage shall include coverage for the post-mastectomy care  
24 benefits required to be covered by a policy of accident and  
25 health insurance under Section 356t and the coverage required

1 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.9,  
2 356z.10, 356z.11, ~~and 356z.12, 356z.13~~ 356z.11, and 356z.14,  
3 and 356z.15 of the Illinois Insurance Code. The requirement  
4 that health benefits be covered as provided in this Section is  
5 an exclusive power and function of the State and is a denial  
6 and limitation under Article VII, Section 6, subsection (h) of  
7 the Illinois Constitution. A home rule county to which this  
8 Section applies must comply with every provision of this  
9 Section.

10 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
11 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.  
12 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised  
13 12-15-08.)

14 Section 15. The Illinois Municipal Code is amended by  
15 changing Section 10-4-2.3 as follows:

16 (65 ILCS 5/10-4-2.3)

17 (Text of Section before amendment by P.A. 95-958)

18 Sec. 10-4-2.3. Required health benefits. If a  
19 municipality, including a home rule municipality, is a  
20 self-insurer for purposes of providing health insurance  
21 coverage for its employees, the coverage shall include coverage  
22 for the post-mastectomy care benefits required to be covered by  
23 a policy of accident and health insurance under Section 356t  
24 and the coverage required under Sections 356g.5, 356u, 356w,

1 356x, 356z.6, 356z.9, 356z.10, 356z.13 ~~356z.11~~, ~~and~~ 356z.14,  
2 and 356z.15 of the Illinois Insurance Code. The requirement  
3 that health benefits be covered as provided in this is an  
4 exclusive power and function of the State and is a denial and  
5 limitation under Article VII, Section 6, subsection (h) of the  
6 Illinois Constitution. A home rule municipality to which this  
7 Section applies must comply with every provision of this  
8 Section.

9 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
10 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.  
11 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

12 (Text of Section after amendment by P.A. 95-958)

13 Sec. 10-4-2.3. Required health benefits. If a  
14 municipality, including a home rule municipality, is a  
15 self-insurer for purposes of providing health insurance  
16 coverage for its employees, the coverage shall include coverage  
17 for the post-mastectomy care benefits required to be covered by  
18 a policy of accident and health insurance under Section 356t  
19 and the coverage required under Sections 356g.5, 356u, 356w,  
20 356x, 356z.6, 356z.9, 356z.10, 356z.11, ~~and~~ 356z.12, 356z.13  
21 ~~356z.11~~, ~~and~~ 356z.14, and 356z.15 of the Illinois Insurance  
22 Code. The requirement that health benefits be covered as  
23 provided in this is an exclusive power and function of the  
24 State and is a denial and limitation under Article VII, Section  
25 6, subsection (h) of the Illinois Constitution. A home rule

1 municipality to which this Section applies must comply with  
2 every provision of this Section.

3 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
4 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.  
5 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised  
6 12-15-08.)

7 Section 20. The Illinois Insurance Code is amended by  
8 adding Section 356z.15 as follows:

9 (215 ILCS 5/356z.15 new)

10 Sec. 356z.15. Inpatient hospital care. A group or  
11 individual policy of accident and health insurance or managed  
12 care plan amended, delivered, issued, or renewed after the  
13 effective date of this amendatory Act of the 96th General  
14 Assembly that provides coverage for inpatient hospital care  
15 shall not refuse coverage for services provided to an enrollee  
16 or recipient that are ordered by a physician in a hospital that  
17 may subject the patient to observation status while undergoing  
18 evaluation and assessment for the illness or condition that  
19 resulted in their hospital stay.

20 Section 25. The Illinois Public Aid Code is amended by  
21 changing Section 5-16.8 as follows:

22 (305 ILCS 5/5-16.8)

1           Sec. 5-16.8. Required health benefits. The medical  
2 assistance program shall (i) provide the post-mastectomy care  
3 benefits required to be covered by a policy of accident and  
4 health insurance under Section 356t and the coverage required  
5 under Sections 356g.5, 356u, 356w, 356x, ~~and~~ 356z.6, and  
6 356z.15 of the Illinois Insurance Code and (ii) be subject to  
7 the provisions of Section 364.01 of the Illinois Insurance  
8 Code.

9           (Source: P.A. 95-189, eff. 8-16-07; 95-331, eff. 8-21-07.)

10           Section 30. The Medical Patient Rights Act is amended by  
11 changing Sections 2.04, 3, and 5 and adding Sections 2.06, 5.1,  
12 and 5.2 as follows:

13           (410 ILCS 50/2.04) (from Ch. 111 1/2, par. 5402.04)

14           Sec. 2.04. "Insurance company" means (1) an insurance  
15 company, fraternal benefit society, and any other insurer  
16 subject to regulation under the Illinois Insurance Code; or (2)  
17 a health maintenance organization, a limited health service  
18 organization under the Limited Health Service Organization  
19 Act, or a voluntary health services plan under the Voluntary  
20 Health Services Plans Act.

21           (Source: P.A. 85-677; 85-679.)

22           (410 ILCS 50/2.06 new)

23           Sec. 2.06. "Health insurance policy or health care plan"

1 means any policy of health or accident insurance provided by a  
2 health insurance company or under the Counties Code, the  
3 Municipal Code, the State Employees Group Insurance Act or  
4 Medical Assistance provided under the Public Aid Code.

5 (410 ILCS 50/3) (from Ch. 111 1/2, par. 5403)

6 Sec. 3. The following rights are hereby established:

7 (a) The right of each patient to care consistent with sound  
8 nursing and medical practices, to be informed of the name of  
9 the physician responsible for coordinating his or her care, to  
10 receive information concerning his or her condition and  
11 proposed treatment, to refuse any treatment to the extent  
12 permitted by law, and to privacy and confidentiality of records  
13 except as otherwise provided by law. The patient has a right to  
14 be informed at any time of his or her responsibility for  
15 payment of services provided based on the inpatient,  
16 outpatient, or observation status of the patient that may  
17 affect coverage by his or her health insurance policy or health  
18 care plan.

19 (b) The right of each patient, regardless of source of  
20 payment, to examine and receive a reasonable explanation of his  
21 total bill for services rendered by his physician or health  
22 care provider, including the itemized charges for specific  
23 services received. Each physician or health care provider shall  
24 be responsible only for a reasonable explanation of those  
25 specific services provided by such physician or health care

1 provider.

2 (c) In the event an insurance company or health services  
3 corporation cancels or refuses to renew an individual policy or  
4 plan, the insured patient shall be entitled to timely, prior  
5 notice of the termination of such policy or plan.

6 An insurance company or health services corporation that  
7 requires any insured patient or applicant for new or continued  
8 insurance or coverage to be tested for infection with human  
9 immunodeficiency virus (HIV) or any other identified causative  
10 agent of acquired immunodeficiency syndrome (AIDS) shall (1)  
11 give the patient or applicant prior written notice of such  
12 requirement, (2) proceed with such testing only upon the  
13 written authorization of the applicant or patient, and (3) keep  
14 the results of such testing confidential. Notice of an adverse  
15 underwriting or coverage decision may be given to any  
16 appropriately interested party, but the insurer may only  
17 disclose the test result itself to a physician designated by  
18 the applicant or patient, and any such disclosure shall be in a  
19 manner that assures confidentiality.

20 The Department of Insurance shall enforce the provisions of  
21 this subsection.

22 (d) The right of each patient to privacy and  
23 confidentiality in health care. Each physician, health care  
24 provider, health services corporation and insurance company  
25 shall refrain from disclosing the nature or details of services  
26 provided to patients, except that such information may be

1 disclosed to the patient, the party making treatment decisions  
2 if the patient is incapable of making decisions regarding the  
3 health services provided, those parties directly involved with  
4 providing treatment to the patient or processing the payment  
5 for that treatment, those parties responsible for peer review,  
6 utilization review and quality assurance, and those parties  
7 required to be notified under the Abused and Neglected Child  
8 Reporting Act, the Illinois Sexually Transmissible Disease  
9 Control Act or where otherwise authorized or required by law.  
10 This right may be waived in writing by the patient or the  
11 patient's guardian, but a physician or other health care  
12 provider may not condition the provision of services on the  
13 patient's or guardian's agreement to sign such a waiver.

14 (Source: P.A. 86-895; 86-902; 86-1028; 87-334.)"; and

15 by inserting immediately above Section 99 the following:

16 "Section 95. No acceleration or delay. Where this Act makes  
17 changes in a statute that is represented in this Act by text  
18 that is not yet or no longer in effect (for example, a Section  
19 represented by multiple versions), the use of that text does  
20 not accelerate or delay the taking effect of (i) the changes  
21 made by this Act or (ii) provisions derived from any other  
22 Public Act."